



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Audits – Bay & Central Region
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January 14, 2008

Wayne W. Clark, Ph.D.,
Director
Monterey County Mental Health
1270 Natividad Road, Room 200
Salinas, CA 93906-3198

Dear Dr. Clark:

AUDIT REPORT – MONTEREY COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Monterey County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

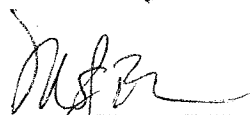
The effect of this revised allowable program costs is as follows:

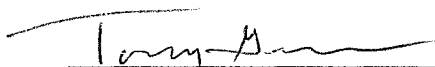
	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 10,177,311	\$ 10,105,241	\$ (72,070)
Federal Share of Healthy Families	\$ 117,882	\$ 116,089	\$ (1,793)
State General Funds EPSDT Due State	\$ 3,318,654	\$ 3,307,286	\$ (11,368)

Wayne W. Clark, Ph.D., Director
January 14, 2008
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If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,


for WALTER J. HILL, JR., MBA, EA
Chief of Audits


TONY GAAN, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

SCHEDULE 1

MONTEREY COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 6,238,294	\$ (87,939)	\$ 6,150,355
HEALTHY FAMILIES - FFP	(Sch. 2a)	117,882	(8,340)	109,542
TOTAL FFP - COUNTY PROVIDERS		\$ 6,356,176	\$ (96,279)	\$ 6,259,897
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 3b)	\$ 3,939,017	\$ 15,869	\$ 3,954,886
HEALTHY FAMILIES - FFP	(Sch. 3b)	0	6,547	6,547
TOTAL FFP - COUNTY PROVIDERS		\$ 3,939,017	\$ 22,416	\$ 3,961,433
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 10,177,311	\$ (72,070)	\$ 10,105,241
HEALTHY FAMILIES - FFP		117,882	(1,793)	116,089
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		\$ 10,295,193	\$ (73,863)	\$ 10,221,330
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch 4)	\$ 3,318,654	\$ (11,368)	\$ 3,307,286

SCHEDULE 2

**MONTEREY COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	9,888,069	(64,992)	9,823,077
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	20,572	20,572
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	164,083	(12,505)	151,578
9. Total		<u>\$ 10,052,152</u>	<u>\$ (56,925)</u>	<u>\$ 9,995,227</u>

Less: Patient & Other Payer Revenues

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	11,969	23,162	35,131
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 11,969</u>	<u>\$ 23,162</u>	<u>\$ 35,131</u>

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	9,876,100	(67,582)	9,808,518
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	164,083	(12,505)	151,578
25. Total		<u>\$ 10,040,183</u>	<u>\$ (80,087)</u>	<u>\$ 9,960,096</u>

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	56,107	(56,107)	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 56,107</u>	<u>\$ (56,107)</u>	<u>\$ 0</u>

**MONTEREY COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

COUNTY OPERATED FEDERAL

		Audit		
		As Settled	Adjustments	As Audited
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Medi-Cal Administrative Reimbursement

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 2,632,699	\$ (5,982)	\$ 2,626,717
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 1,747,605	\$ 174,126	\$ 1,921,731
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 1,747,605</u>	<u>\$ 174,126</u>	<u>\$ 1,921,731</u>

Healthy Families Administrative Reimbursement

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 16,408	\$ (246)	\$ 16,162
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 49,932	\$ (20,340)	\$ 29,592
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 16,408</u>	<u>\$ (246)</u>	<u>\$ 16,162</u>

Utilization Review Reimbursement

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 305,808	\$ (125,747)	\$ 180,061
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 48,198</u>	<u>\$ (10,125)</u>	<u>\$ 38,073</u>

Net SD/MC Reimbursement - FFP

45. Direct Services	(MH1979, Ln 16,16A)	\$ 5,082,983	\$ (46,375)	\$ 5,036,608
46. Enhanced (Children)	(MH1979, Ln 17,17A)	0	13,424	13,424
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	28,054	(28,054)	0
49. Administrative Reimbursement	(MH1979, Ln 6)	873,802	87,064	960,866
50. U.R. Skilled Professional	(MH1979, Ln 14)	229,356	(94,310)	135,046
51. U.R. Other	(MH1979, Ln 15)	24,099	(5,063)	19,037
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 6,238,294</u>	<u>\$ (73,314)</u>	<u>\$ 6,164,980</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	0	14,625	14,625

56. Total SD/MC Reimbursement - FFP		<u>\$ 6,238,294</u>	<u>\$ (87,939)</u>	<u>\$ 6,150,355</u>
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Net Healthy Families Reimbursement - FFP

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 107,176	\$ (8,180)	\$ 98,996
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	10,706	(160)	10,546
60. Total Healthy Families Reimbursement - FFP		<u>\$ 117,882</u>	<u>\$ (8,340)</u>	<u>\$ 109,542</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 6,356,176</u>	<u>\$ (96,279)</u>	<u>\$ 6,259,897</u>
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(To Sch. 1)

[illegible]

[illegible]

(To Sch. 1)

**MONTEREY COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2003**

	<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	16,755,914	(51,130)	16,704,784
(2) Total SD/MC Claims	17,991,499	0	17,991,499
(3) Percent % (Line 1/Line 2)	0.9313	(0.0028)	0.9285
(4) EPSDT Claims	9,230,584	0	9,230,584
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	8,596,443	(26,011)	8,570,432
(6) Cost Settled Baseline for EPSDT	1,385,676	0	1,385,676
(7) Net Cost Settlement Amount (Line 5 - Line 6)	7,210,767	(26,011)	7,184,756
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	3,501,548	(12,631)	3,488,917
(8a) FY 2001-02 EPSDT settlement (48.64% of net cost (8))	1,672,605	0	1,672,605
(8b) Annual Local Growth (8) - (8a) = 8(b)	1,828,943	(12,631)	1,816,312
(9) County Match 10% of Local Growth (8b) x 10% = (9)	182,894	(1,263)	181,631
(10) Net Cost settlement amount (8) - (9) = (10)	3,318,654	(11,368)	3,307,286
(11) SGF Distribution Settled and Audited	3,318,654	0	3,318,654
(12) SGF Due (State)	<u>0</u>	<u>(11,368)</u>	<u>(11,368)</u> (To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2002-2003, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) - (9)
- (11) SGF gross distribution (See DMH letter dated May 20, 2005 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

Provider MONTEREY COUNTY				Provider Number 00027	No. of Adj. 89	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	2	C	ENCUMBRANCES To adjust the encumbrances to agree with the County's records and supporting documentation.	\$ 1,534,187	\$ (913,546)	\$ 620,641
2	MH 1960	3	C	PAYMENTS TO CONTRACT PROVIDERS (COUNTY ONLY) To adjust the payments to contract providers to agree with the County's records and supporting documentation.	\$ (9,593,114)	\$ (1,542,403)	\$ (11,135,517)
3	MH 1960	4	C	OTHER ADJUSTMENTS To adjust other adjustments to account for the following: Countywide Cost Allocation (A-87) Costs \$ 773,090 Public Guardian (559,924) Total Allowable Other Adjustments \$ <u>213,166</u>	\$ 140,550	\$ 1,535,532	\$ 1,676,082 *
4	MH 1960	6	C	MEDI-CAL ADJUSTMENTS To adjust medi-cal adjustments to account for the changes in the computation for fixed assets depreciation.	\$ (862,621)	\$ (67,844)	\$ (930,465) *
5	MH 1960	6	C	MEDI-CAL ADJUSTMENTS To adjust medi-cal adjustments to add back the Public Guardian costs that were already deducted in other adjustments reflected in the MH 1960 Line 4. To reclassify allocated depreciation expense back to Administration. Allocation of depreciation expense based on salaries is not acceptable. * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	** \$ (930,465)	\$ 575,227	\$ (355,238) *

AUDIT ADJUSTMENTS

Provider MONTEREY COUNTY				Provider Number 00027	No. of Adj. 89	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
6	MH 1960	6	C	MEDI-CAL ADJUSTMENTS To adjust medi-cal adjustments to reverse the original adjustment to CALWORKS that could not be traced in the County's records that supported the cost report.	** \$ (355,238)	\$ 396,330	\$ 41,092
7	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust allowable costs for allocation to reflect the effect of adjustments 1 through 6 above.	\$ 18,071,863	\$ (16,704)	\$ 18,055,159
8	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 1,747,605	\$ 280,420	\$ 2,028,025 *
9	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	\$ 49,932	\$ 8,012	\$ 57,944 *
10	MH 1960	11	C	NON-SD/MC ADMINISTRATION	\$ 699,042	\$ 112,168	\$ 811,210 *
11	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS To adjust SD/MC, Healthy Families and Non-SD/MC administration costs as a result of adjustments 1 through 6 above. The distribution between SD/MC Healthy Families and Non-SD/MC administrative costs were based on the reported administrative costs reflected on the original cost report.	\$ <u>2,496,579</u>	\$ <u>400,600</u>	\$ <u>2,897,179</u> *
12	MH 1960	9	C	SD/MC ADMINISTRATION	** \$ 2,028,025	\$ (106,294)	\$ 1,921,731
13	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	** \$ 57,944	\$ (28,352)	\$ 29,592
14	MH 1960	11	C	NON-SD/MC ADMINISTRATION	** \$ 811,210	\$ 134,646	\$ 945,856
	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS To allocate SD/MC, Healthy Families and Non-SD/MC administrative costs based on the gross cost method of allocation. The County could not demonstrate the method used to distribute the costs between the above categories, therefore, the auditor utilized a reasonable and acceptable method.	** \$ <u>2,897,179</u>	\$ <u>0</u>	\$ <u>2,897,179</u>
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
MONTEREY COUNTY				00027	89	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COST</u>			
15	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	\$ 305,808	\$ (125,746)	\$ 180,062
16	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW	\$ 48,198	\$ (10,125)	\$ 38,073
17	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW	\$	\$ 99,677	\$ 99,677
18	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	\$ <u>354,006</u>	\$ <u>(36,194)</u>	\$ <u>317,812</u>
				To adjust utilization review costs to agree with the County's records and supporting documents. The gross cost method of allocation was utilized since the County could not support a reasonable or acceptable methodology.			
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u>			
19	MH 1964	4	A	DAY SERVICES (MODE 10)	\$ 1,518,349	\$ (204,436)	\$ 1,313,913
20	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2)	\$ 12,950,931	\$ 76,873	\$ 13,027,804
21	MH 1964	6	A	OUTREACH SERVICES (MODE 45)	\$ 243,601	\$ (243,601)	\$ 0
22	MH 1964	7	A	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	\$ 126,339	\$ (126,339)	\$ 0
23	MH 1964	8	A	SUPPORT SERVICES (MODE 60)	\$ 382,057	\$ 116,396	\$ 498,453
				To reflect adjustments 1 through 6 above.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
MONTEREY COUNTY				00027	89	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED TOTAL UNITS OF SERVICE/TIME COUNTY PROVIDERS</u>			
24	MH 1966	2	3	SFC 15-01 (Page 1 of 1)	1,793,387	74,300	1,867,687
25	MH 1966	2	4	SFC 15-10 (Page 1 of 1)	3,276,742	144,901	3,421,643
26	MH 1966	2	5	SFC 15-60 (Page 1 of 1)	510,895	38,211	549,106
27	MH 1966	2	6	SFC 15-70 (Page 1 of 1)	139,727	3,000	142,727
28	MH 1966	2	7	SFC 15-11 (Page 1 of 1)	32,385	(32,385)	0
29	MH 1966	2	8	SFC 15-61 (Page 1 of 1)	7,455	(7,455)	0
30	MH 1966	2		Provider 2793 - SFC 15-30	0	445	445
31	MH 1966	2		Provider 2793 - SFC 15-40	0	530	530
32	MH 1966	2		Provider 2793 - SFC 15-60	0	8,810	8,810
33	MH 1966	2		Provider 2794 - SFC 15-10	0	780	780
34	MH 1966	2		Provider 2794 - SFC 15-30	0	50	50
35	MH 1966	2		Provider 2794 - SFC 15-40	0	1,650	1,650
36	MH 1966	2		Provider 2795 - SFC 15-30	0	200	200
37	MH 1966	2		Provider 2795 - SFC 15-40	0	2,000	2,000
38	MH 1966	2		Provider 2796 - SFC 15-30	0	750	750
39	MH 1966	2		Provider 2796 - SFC 15-40	0	27,600	27,600
40	MH 1966	2		ASO SFC 15-30	9,529	(9,529)	0
				To adjust total units of service to agree with the County's records and supporting documents. Phase II units of service were extracted from Program 1 and settled in Program II.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider MONTEREY COUNTY				Provider Number 00027	No. of Adj. 89	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS/TIME COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
41	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02	950,891	34,814	985,705 *
42	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/02 - 06/30/03	3,167,201	(770)	3,166,431 *
43	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/02 - 09/30/02	24,250	(615)	23,635 *
44	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03	16,476	33,409	49,885 *
45	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/02 - 09/30/02	0	2,658	2,658 *
46	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/02 - 06/30/03	0	7,076	7,076 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	0	0	0 *
47	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02	22,049	2,430	24,479 *
48	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03	44,046	30,934	74,980 *
				To adjust the above mentioned settled units of service/time for the County Operated facilities to agree with the State DMH Approved Claims Report dated March 27, 2007. The auditor submitted work papers to the County which shows the details of the above adjustments. Phase II was included. See the MH 1970 worksheets that reflect the units/time for the three (3) reimbursement periods.			
49	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02 **	985,705	(3,485)	982,220 *
50	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/02 - 06/30/03 **	3,166,431	9,366	3,175,797 *
51	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/02 - 09/30/02 **	23,635	(17,067)	6,568 *
52	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03 **	49,885	13,269	63,154 *
53	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/02 - 09/30/02 **	2,658	542	3,200 *
54	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/02 - 06/30/03 **	7,076	4,986	12,062 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	0	0	0 *
55	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02 **	24,479	(2,430)	22,049 *
56	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03 **	74,980	(30,934)	44,046 *
				To adjust the SD/MC, Enhanced and Healthy Families units of service/time to agree with the County's records and supporting documents. The auditor submitted work papers to the County which shows the details of the above adjustments. Phase II was included. See the MH 1970 worksheets that reflect the units/time for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider MONTEREY COUNTY				Provider Number 00027	No. of Adj. 89	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS/TIME COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
57	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02 **	982,220	3,089	985,309
58	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/02 - 06/30/03 **	3,175,797	(2,159)	3,173,638
59	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/02 - 09/30/02 **	6,568	(5,875)	693
60	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03 **	63,154	(17,089)	46,065
61	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/02 - 09/30/02 **	3,200	(542)	2,658
62	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/02 - 06/30/03 **	12,062	(5,386)	6,676
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	0	0	0
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02 **	22,049	0	22,049
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03 **	44,046	0	44,046
				<p>To adjust the above mentioned units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by SFC. The auditor submitted work papers to the County which shows details of the above adjustments. Phase II was included. See the MH 1970 sorksheets that reflect the units/time for the three (3) reimbursement periods.</p>			
				<p>* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.</p>			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
MONTEREY COUNTY				00027	89	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS/TIME CONTRACT PROVIDERS</u>			
63	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02	390,874	(7,506)	383,368 *
64	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/02 - 06/30/03	1,106,030	201,610	1,307,640 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/02 - 09/30/02	0	0	0 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03	0	0	0 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/02 - 09/30/02	0	0	0 *
65	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/02 - 06/30/03	0	3,093	3,093 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	0	0	0 *
66	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02	0	1,285	1,285 *
67	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03	0	935	935 *
				To adjust the above mentioned settled units of service/time for the County Operated facilities to agree with the State DMH Approved Claims Report dated March 27, 2007. The auditor submitted work papers to the County which shows the details of the above adjustments. Phase II was included. See the MH 1970 worksheets that reflect the units/time for the three (3) reimbursement periods.			
68	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02	** 383,368	(852)	382,516 *
69	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/02 - 06/30/03	** 1,307,640	(2,832)	1,304,808 *
70	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/02 - 09/30/02	** 0	998	998 *
71	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03	** 0	969	969 *
72	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/02 - 09/30/02	** 0	574	574 *
73	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/02 - 06/30/03	** 3,093	928	4,021 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	** 0	0	0 *
74	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02	** 1,285	(711)	574 *
75	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03	** 935	(127)	808 *
				To adjust the SD/MC, Enhanced and Healthy Families units of service/time to agree with the County's records and supporting documents. The auditor submitted work papers to the County which shows the details of the above adjustments. Phase II was included. See the MH 1970 worksheets that reflect the units/time for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
MONTEREY COUNTY				00027	89	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS/TIME CONTRACT PROVIDERS</u>			
76	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02	** 382,516	(519)	381,997
77	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/02 - 06/30/03	** 1,304,808	(880)	1,303,928
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/02 - 09/30/02	** 998	0	998
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03	** 969	(68)	901
78	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/02 - 09/30/02	** 574	(574)	0
79	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/02 - 06/30/03	** 4,021	(928)	3,093
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	** 0	0	0
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02	** 574	0	574
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03	** 808	0	808
				To adjust the above mentioned units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by SFC. The auditor submitted work papers to the County which shows details of the above adjustments. Phase II was included. See the MH 1970 sorksheets that reflect the units/time for the three (3) reimbursement periods.			
				<u>ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUES - COUNTY</u>			
80	MH 1968	28	K	PATIENT AND OTHER PAYOR REVENUES 07/01/02 - 09/30/02	\$ 4,839	\$ (2,404)	\$ 2,435
81	MH 1968	28A	K	PATIENT AND OTHER PAYOR REVENUES 10/01/02 - 06/30/03	\$ 7,130	\$ 25,566	\$ 32,696
				<u>ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUES - CONTRACT PROVIDERS</u>			
82	MH 1968	28	K	PATIENT AND OTHER PAYOR REVENUES 07/01/02 - 09/30/ Interim	\$ 0	\$ 996	\$ 996
83	MH 1968	28A	K	PATIENT AND OTHER PAYOR REVENUES 10/01/02 - 06/30/ Interim	\$ 0	\$ 7,455	\$ 7,455
84	MH 1968	28	K	PATIENT AND OTHER PAYOR REVENUES 07/01/02 - 09/30/ Unity	\$ 0	\$ 87	\$ 87
	MH 1968	28A	K	PATIENT AND OTHER PAYOR REVENUES 10/01/02 - 06/30/ Unity	\$ 0	\$ 0	\$ 0
				To adjust patient and other payor revenues to agree with the County's records and supporting documentation			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
MONTEREY COUNTY				00027	89	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT COUNTY PROVIDERS</u>			
85	MH 1979	23	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC)	\$ 6,238,294	\$ (87,939)	\$ 6,150,355
86	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT	\$ 117,882	\$ (8,340)	\$ 109,542
				To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Families (FFP) due to adjustments to costs, revenues, units of service/tiem and the results of the Medical Oversight audit.			
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT COUNTY PROVIDERS</u>			
87	MH 1979	23	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC)	\$ 3,939,017	\$ 15,869	\$ 3,954,886
88	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT	\$ 0	\$ 6,547	\$ 6,547
				To adjust the SD/MC (FFP) and Healthy Families (FFP) due to adjustments to revenues and units of service/time.			
				Interim, Inc.	\$ 1,632,667	\$ 34,513	\$ 1,667,180
				Unity Care Group, Inc.	1,201,243	(4,022)	1,197,221
				Natividad Medical Center	400,242	4,977	405,219
				Odd-Fellow Rebekah	74,814	1,675	76,489
				Edgewood	124,176	2,837	127,013
				Milhou Children's Services	22,338	(1,278)	21,060
				Sunny Hills	2,174	0	2,174
				Summitview	15,260	(65)	15,195
				North Valley Schools	4,866	0	4,866
				Charis Youth Center	66,737	(11,352)	55,385
				Proyecto Unidad	373,599	(4,869)	368,730
				FSA of Pajaro Valley	313	0	313
				FSA of Monterey County\	20,588	0	20,588
					<u>\$ 3,939,017</u>	<u>\$ 22,416</u>	<u>\$ 3,961,433</u>
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
MONTEREY COUNTY				00027	89	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
89	Sch 4			<p><u>ADJUSTMENTS TO REPORTED EPSDT</u> <u>STATE GENERAL FUND SETTLEMENT</u></p> <p>EPSDT - SGF</p> <p>To adjust the State General Fund share of EPSDT as a result of adjustments to SD/MC reimbursements as reflected on lines 16, 16A, 17,17A and 18, Column C of form MH 1979 of audited County and Contract Providers.</p> <p>* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.</p>	\$ 3,318,654	\$ (11,368)	\$ 3,307,286

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS
MH 1960 (10/04)

Fiscal Year 2002-2003

County: MONTEREY COUNTY
 County Code: 27

Legal Entity: MONTEREY COUNTY		A	B	C
Legal Entity Number: 00027		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	12,470,326	14,382,536	26,852,862
2	Encumbrances		620,641	620,641
3	Less: Payments to Contract Providers (County Only)		(11,135,517)	(11,135,517)
4	Other Adjustments (Provide Detail)	333,755	1,342,327	1,676,082
5	Total Costs Before Medi-Cal Adjustments	12,804,081	5,209,987	18,014,068
6	Medi-Cal Adjustments from MH 1961			41,092
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			18,055,160
Administrative Costs (County Only)				
9	SD/MC Administration			1,921,731
10	Healthy Families Administration			29,592
11	Non-SD/MC Administration			945,856
12	Total Administrative Costs			2,897,179
Utilization Review Costs (County Only)				
13	Skilled Professional Medical Personnel			180,061
14	Other SD/MC Utilization Review			38,073
15	Non-SD/MC Utilization Review			99,677
16	Total Utilization Review Costs			317,811
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			14,840,170
19	Total Costs - Lines 9 through 18			18,055,160

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: MONTEREY COUNTY
County Code: 27

Legal Entity: MONTEREY COUNTY		A	B	C
Legal Entity Number: 00027		Salaries and Benefits	Other	Total Adjustments
1	PER ORIGINAL COST REPORT			
2				
3	Fixed Assets Depreciation		108,936	108,936
4	Public Guardian Costs	(333,755)	(241,472)	(575,227)
5	CALWORKS Funding		(366,330)	(366,330)
6				
7	ADJUSTMENTS PER AUDIT			
8				
9	Fixed Assets Depreciation		(67,844)	(67,844)
10	Adjusted the above adjustment to reflect the audited			
11	amount of \$41,092.			
12				
13	Public Guardian Costs	333,755	241,472	575,227
14	Public Guardian costs were already deducted in			
15	other adjustments (MH 1960, Line 4)			
16				
17	CALWORKS Funding		366,330	366,330
18	Could not locate this expense in the GL.			
19				
20	Total Adjustments		41,092	41,092

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: MONTEREY COUNTY
County Code: 27

Legal Entity: MONTEREY COUNTY		A
Legal Entity Number: 00027		Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	14,840,170
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	1,313,913
5	Outpatient Services (Mode 15 Program 1 + Program 2)	13,027,804
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	498,453
9	Total - Lines 2 through 8	14,840,170

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: MONTEREY COUNTY
County Code: 27

County Code: 27			CR		CR				
Legal Entity: MONTEREY COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00027				Service	Service	Service	Service	Service	Service
Mode: 10 - Day Services			Mode Total	Function	Function	Function	Function	Function	Function
1	Allocation Percentage		100.00%	85	95				
2	Total Units			41.20%	58.80%				
3	Gross Cost			4,261	7,604				
			1,313,913	541,304	772,609				
4	Cost per Unit			127.04	101.61				
5	SMA per Unit			177.60	115.14				
6	Published Charge per Unit			177.60	115.14				
7	Negotiated Rate / Cost per Unit								
8									
8A	Medi-Cal Units	07/01/02 - 09/30/02		1,003	698				
		10/01/02 - 06/30/03		3,063	2,803				
9	Medicare/Medi-Cal Crossover Units								
9A		07/01/02 - 09/30/02							
10	Enhanced SD/MC (Children) Units								
10A		10/01/02 - 06/30/03			4				
10B	Enhanced SD/MC (Refugees) Units								
11	Healthy Families (SED) Units								
11A		07/01/02 - 09/30/02							
12	Non-Medi-Cal Units				99				
		10/01/02 - 06/30/03		195	4,000				
13									
13A	Medi-Cal Costs	07/01/02 - 09/30/02	198,339	127,418	70,921				
		10/01/02 - 06/30/03	673,914	389,114	284,800				
14									
14A	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	258,501	178,133	80,368				
		10/01/02 - 06/30/03	866,726	543,989	322,737				
15									
15A	Medi-Cal Published Charges	07/01/02 - 09/30/02	258,501	178,133	80,368				
		10/01/02 - 06/30/03	866,726	543,989	322,737				
16									
16A	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
17									
17A	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
18									
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
19									
19A	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
20									
20A	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
21									
21A	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03	406		406				
22									
22A	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03	461		461				
23									
23A	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03	461		461				
24									
24A	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
25									
25A	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26									
26A	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27									
27A	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28									
28A	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29									
29A	Healthy Families Costs	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03	10,059		10,059				
30									
30A	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03	11,399		11,399				
31									
31A	Healthy Families Published Charges	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03	11,399		11,399				
32									
32A	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
33									
33A	Non-Medi-Cal Costs		431,195	24,772	406,422				

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003County: MONTEREY COUNTY
County Code: 27

CR CR CR CR

Legal Entity: MONTEREY COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00027			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)				01	10	60	70		
1	Allocation Percentage		100.00%	23.75%	56.06%	16.69%	3.50%		
2	Total Units			1,867,687	3,421,643	549,106	142,727		
3	Gross Cost		12,978,110	3,082,880	7,275,265	2,166,087	453,879		
4	Cost per Unit			1.65	2.13	3.94	3.18		
5	SMA per Unit			1.77	2.28	4.23	3.41		
6	Published Charge per Unit			1.77	2.28	4.23	3.41		
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		350,046	525,732	82,808	18,387		
8A		10/01/02 - 06/30/03		1,102,364	1,733,695	251,739	44,504		
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02				693			
9A		10/01/02 - 06/30/03				46,065			
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02		833	1,760	65			
10A		10/01/02 - 06/30/03		1,114	4,753	375	430		
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		4,006	15,988	1,287	731		
11A		10/01/02 - 06/30/03		8,791	32,190	1,740	1,161		
12	Non-Medi-Cal Units			400,533	1,107,525	164,334	77,514		
13	Medi-Cal Costs	07/01/02 - 09/30/02	2,080,766	577,800	1,117,837	326,657	58,472		
13A		10/01/02 - 06/30/03	6,640,446	1,819,607	3,686,267	993,048	141,525		
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	2,231,228	619,581	1,198,669	350,278	62,700		
14A		10/01/02 - 06/30/03	7,120,623	1,951,184	3,952,825	1,064,856	151,759		
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	2,231,228	619,581	1,198,669	350,278	62,700		
15A		10/01/02 - 06/30/03	7,120,623	1,951,184	3,952,825	1,064,856	151,759		
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	2,734			2,734			
17A		10/01/02 - 06/30/03	181,715			181,715			
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	2,931			2,931			
18A		10/01/02 - 06/30/03	194,855			194,855			
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	2,931			2,931			
19A		10/01/02 - 06/30/03	194,855			194,855			
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	5,374	1,375	3,742	256			
21A		10/01/02 - 06/30/03	14,792	1,839	10,106	1,479	1,367		
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	5,762	1,474	4,013	275			
22A		10/01/02 - 06/30/03	15,861	1,972	10,837	1,586	1,466		
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	5,762	1,474	4,013	275			
23A		10/01/02 - 06/30/03	15,861	1,972	10,837	1,586	1,466		
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs								
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
29	Healthy Families Costs	07/01/02 - 09/30/02	48,008	6,612	33,994	5,077	2,325		
29A		10/01/02 - 06/30/03	93,511	14,511	68,444	6,864	3,692		
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	51,480	7,091	36,453	5,444	2,493		
30A		10/01/02 - 06/30/03	100,272	15,560	73,393	7,360	3,959		
31	Healthy Families Published Charges	07/01/02 - 09/30/02	51,480	7,091	36,453	5,444	2,493		
31A		10/01/02 - 06/30/03	100,272	15,560	73,393	7,360	3,959		
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		3,910,765	661,136	2,354,874	648,257	246,498		

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 2
Fiscal Year 2002-2003

County: MONTEREY COUNTY		MHS	MHS	MHS	MHS	MHS	MHS
County Code: 27							
Legal Entity: MONTEREY COUNTY		A	B	C	D	E	F
Legal Entity Number: 00027			Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)		Mode Total	Function	Function	Function	Function	Function
			30	40	60	10	30
							40
1	Allocation Percentage	100.00%	0.47%	0.40%	25.36%	3.61%	0.22%
2	Total Units		445	530	8,810	780	50
3	Gross Cost	49,694	236	200	12,602	1,794	110
4	Cost per Unit		0.53	0.38	1.43	2.30	2.20
5	SMA per Unit		2.28	2.28	4.23	2.28	2.28
6	Published Charge per Unit						
7	Negotiated Rate / Cost per Unit						
8	Medi-Cal Units	07/01/02 - 09/30/02	40	110	1,195	240	300
8A		10/01/02 - 06/30/03	325	330	5,925	540	1,200
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02					
9A		10/01/02 - 06/30/03					
10	Enhanced SD/MC Units	07/01/02 - 09/30/02					
10A		10/01/02 - 06/30/03					
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03					
11	Healthy Families (SED) Units	07/01/02 - 09/30/02					
11A		10/01/02 - 06/30/03					
12	Non-Medi-Cal Units		80	90	1,690		150
13	Medi-Cal Costs	07/01/02 - 09/30/02	7,905	21	42	1,709	552
13A		10/01/02 - 06/30/03	37,258	172	125	8,475	1,242
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	17,458	91	251	5,055	547
14A		10/01/02 - 06/30/03	85,585	741	752	25,063	1,231
15	Medi-Cal Published Charges	07/01/02 - 09/30/02					
15A		10/01/02 - 06/30/03					
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02					
16A		10/01/02 - 06/30/03					
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02					
17A		10/01/02 - 06/30/03					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02					
18A		10/01/02 - 06/30/03					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02					
19A		10/01/02 - 06/30/03					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02					
20A		10/01/02 - 06/30/03					
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02					
21A		10/01/02 - 06/30/03					
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02					
22A		10/01/02 - 06/30/03					
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02					
23A		10/01/02 - 06/30/03					
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02					
24A		10/01/02 - 06/30/03					
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03					
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03					
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03					
29	Healthy Families Costs	07/01/02 - 09/30/02					
29A		10/01/02 - 06/30/03					
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02					
30A		10/01/02 - 06/30/03					
31	Healthy Families Published Charges	07/01/02 - 09/30/02					
31A		10/01/02 - 06/30/03					
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02					
32A		10/01/02 - 06/30/03					
33	Non-Medi-Cal Costs		4,531	42	34	2,417	(0)

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 2 OF 2
Fiscal Year 2002-2003

County: MONTEREY COUNTY			MHS	MHS	MHS	MHS		
County Code: 27								
Legal Entity: MONTEREY COUNTY			H	I	J	K	L	M
Legal Entity Number: 00027			Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)			Function	Function	Function	Function	Function	Function
			30	40	30	40		
1	Allocation Percentage		0.90%	2.71%	0.97%	58.56%		
2	Total Units		200	2,000	750	27,600		
3	Gross Cost		448	1,348	480	29,100		
4	Cost per Unit		2.24	0.67	0.64	1.05		
5	SMA per Unit		2.28	2.28	2.28	2.28		
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02			100	4,650		
8A		10/01/02 - 06/30/03	200	2,000	500	21,400		
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units				150	1,550		
13	Medi-Cal Costs	07/01/02 - 09/30/02			64	4,903		
13A		10/01/02 - 06/30/03	448	1,348	320	22,563		
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02			228	10,602		
14A		10/01/02 - 06/30/03	456	4,560	1,140	48,792		
15	Medi-Cal Published Charges	07/01/02 - 09/30/02						
15A		10/01/02 - 06/30/03						
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		(0)		96	1,634		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: MONTEREY COUNTY
County Code: 27

County Code: 27		CR		CR	CR	CR		
Legal Entity: MONTEREY COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00027		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support			20	30	60	40		
1	Allocation Percentage	100.00%	18.33%	18.32%	20.35%	43.00%		
2	Total Units		1,673	1,672	4,400	7,064		
3	Gross Cost	498,453	91,365	91,310	101,456	214,322		
4	Cost per Unit		54.61	54.61	23.06	30.34		
5	Non-Medi-Cal Units (Same as Line 2)		1,673	1,672	4,400	7,064		
6	Non-Medi-Cal Costs (Same as Line 3)	498,453	91,365	91,310	101,456	214,322		

Fiscal Year 2002-2003

County: MONTEREY COUNTY County Code: 27			REIMBURSEMENT TYPE				PC	Costs				Costs	
Legal Entity: MONTEREY COUNTY Legal Entity Number: 00027			A	B	C	D	E	F	G	H	I	J	K
			Mode 55 S. F.'s 01-09 31-39 S. F.'s 21-29			Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
1	Medi-Cal Costs	07/01/02 - 09/30/02							198,339	2,080,766	2,279,104	7,905	2,287,009
1A		10/01/02 - 06/30/03							673,914	6,640,446	7,314,361	37,258	7,351,619
2	Medi-Cal SMA	07/01/02 - 09/30/02							258,501	2,231,228	2,489,728	17,458	2,507,186
2A		10/01/02 - 06/30/03							866,726	7,120,623	7,987,350	85,585	8,072,935
3	Medi-Cal P. C.	07/01/02 - 09/30/02							258,501	2,231,228	2,489,728		2,489,728
3A		10/01/02 - 06/30/03							866,726	7,120,623	7,987,350		7,987,350
4	Medi-Cal N. R.	07/01/02 - 09/30/02											
4A		10/01/02 - 06/30/03											
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							198,339	2,080,766	2,279,104	7,905	2,287,009
5A		10/01/02 - 06/30/03							673,914	6,640,446	7,314,361	37,258	7,351,619
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02								2,734	2,734		2,734
6A		10/01/02 - 06/30/03								181,715	181,715		181,715
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02								2,931	2,931		2,931
7A		10/01/02 - 06/30/03								194,855	194,855		194,855
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02								2,931	2,931		2,931
8A		10/01/02 - 06/30/03								194,855	194,855		194,855
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02								2,734	2,734		2,734
10A		10/01/02 - 06/30/03								181,715	181,715		181,715
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02							198,339	2,083,499	2,281,838	7,905	2,289,743
11A		10/01/02 - 06/30/03							673,914	6,822,161	7,496,076	37,258	7,533,334
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02								5,374	5,374		5,374
12A		10/01/02 - 06/30/03							406	14,792	15,198		15,198
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02								5,762	5,762		5,762
13A		10/01/02 - 06/30/03							461	15,861	16,322		16,322
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02								5,762	5,762		5,762
14A		10/01/02 - 06/30/03							461	15,861	16,322		16,322
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
15A		10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02								5,374	5,374		5,374
16A		10/01/02 - 06/30/03							406	14,792	15,198		15,198
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							198,339	2,088,873	2,287,212	7,905	2,295,116
21A	(Excludes Refugees)	10/01/02 - 06/30/03							674,321	6,836,953	7,511,274	37,258	7,548,532
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03											
23	Healthy Families Cost	07/01/02 - 09/30/02								48,008	48,008		48,008
23A		10/01/02 - 06/30/03							10,059	93,511	103,570		103,570
24	Healthy Families SMA	07/01/02 - 09/30/02								51,480	51,480		51,480
24A		10/01/02 - 06/30/03							11,399	100,272	111,671		111,671
25	Healthy Families P. C.	07/01/02 - 09/30/02								51,480	51,480		51,480
25A		10/01/02 - 06/30/03							11,399	100,272	111,671		111,671
26	Healthy Families N. R.	07/01/02 - 09/30/02											
26A		10/01/02 - 06/30/03											
27	Healthy Families Gross Reim.	07/01/02 - 09/30/02								48,008	48,008		48,008
27A		10/01/02 - 06/30/03							10,059	93,511	103,570		103,570
	Less: Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02								2,435	2,435		2,435
28A		10/01/02 - 06/30/03								32,696	32,696		32,696
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)			44.41%									
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02							198,339	2,086,438	2,284,777	7,905	2,292,681
35A		10/01/02 - 06/30/03							674,321	6,804,267	7,478,578	37,258	7,515,836
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/02 - 09/30/02								48,008	48,008		48,008
37A		10/01/02 - 06/30/03							10,059	93,511	103,570		103,570
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (includes Children)	07/01/02 - 09/30/02											
38A		10/01/02 - 06/30/03											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/02 - 09/30/02											
40A		10/01/02 - 06/30/03											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS
MH 1970 (10/04)

County: MONTEREY COUNTY
County Code: 27
Legal Entity: MONTEREY COUNTY
Legal Entity Number: 00027

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

Mode: 10 - Day Services										A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	
Data Type										SD/MC + Crossover Units			Breakdown of 2nd Period Units as a Percentage		SD/MC + Crossover Gross Reimbursement Costs Using Costs				Medi-Cal Patient and Other Payor Revenue				Net Direct Costs (Gross Reim. Costs - Revenue)				FFP Dollars				
Source Formula										From MH1901 Schedule B Supplemental			Calculated		From MH1966, MODE10				From MH1901 Schedule B				Calculated				Calculated				
Period													B / (B + C)	C / (B + C)		(D * I)	(E * I)		(D * M)	(E * M)		(F - J)	(G - K)	(H - L)	(O + P)	(51.40% * N)	(50.00% * Q)	(54.35% * P)	(S + T)		
1st Period										2nd Period/ Part I	2nd Period/ Part II	2nd Period/ Part I	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period FFP \$ 07/01/02 - 09/30/02	2nd Period/ Part I FFP \$ 10/01/02 - 03/30/03	2nd Period/ Part II FFP \$ 04/01/02 - 06/30/03	Total 2nd Period FFP \$ 04/01/02 - 06/30/03		
MH1966 Cost Report Column	MH1901 Sch. B Cost Rpt. Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 06/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 06/30/03	Costs 10/01/02 - 06/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 06/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 06/30/03	1st Period FFP % 51.40%	2nd Period/ Part I FFP % 50.00%	2nd Period/ Part II FFP % 54.35%							
B	1	CR	10	85	1,003	2,017	1,046	65.85%	34.15%	127,418	256,233	132,881	389,114					127,418	256,233	132,881	389,114	65.45%	50.00%	54.35%							
C	2	CR	10	95	699	1,915	988	64.75%	35.25%	79,921	184,414	100,386	284,800					79,921	184,414	100,386	284,800	36.45%	92.20%	54.56%	146,767						

DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS
MH 1970 (10/04)

Fiscal Year 2002-2003

County: MONTEREY COUNTY
County Code: 27
Legal Entity: MONTEREY COUNTY
Legal Entity Number: 00027

Mode: 15 - Outpatient (Program 1)						A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U				
Data Type						SO/MC - Crossover Units			Breakdown of 2nd Period Units as a Percentage		SO/MC - Crossover Gross Reimbursement Costs Using Costs				Medi-Cal Patient and Other Payor Revenue				Net Direct Costs (Gross Reim. Costs - Revenue)				FFP Dollars							
Source Formula						From MH1901, Schedule B, Supplemental			Calculated		From MH1986, MODE15 (1)				From MH1901, Schedule B				Calculated				Calculated							
Period									B / (B + C)	C / (B + C)					(D * I)	(E * I)					(F - J)	(G - K)	(H - L)	(O + P)	(51.40% * N)	(50.00% * O)	(54.35% * P)	(S + T)		
						1st Period	2nd Period/ Part I	2nd Period/ Part II	2nd Period/ Part I	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period FFP \$ 07/01/02 - 09/30/02	2nd Period/ Part I FFP \$ 10/01/02 - 03/30/03	2nd Period/ Part II FFP \$ 04/01/02 - 06/30/03	Total 2nd Period FFP \$ 04/01/02 - 06/30/03
MH1986 Cost Report Column	MH1901 Sch. B Cost Rpt. Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03	Units 10/01/02 - 03/30/03	% of Units in 04/01/02 - 06/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 06/30/03	Costs 10/01/02 - 06/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 06/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 06/30/03	1st Period FFP %	2nd Period/ Part I FFP %	2nd Period/ Part II FFP %						
B	3	CR	15	01	350.046	719.361	383.002	65.26%	34.74%	577.800	1,187.406	632.200	1,819.607					577.800	1,187.406	632.200	1,819.607	51.40%	50.00%	54.35%						
C	4	CR	15	10	525.732	1,151.026	582.669	68.39%	31.61%	1,117.837	2,447.968	1,236.899	3,685.267	2,435	21,707	10,889	32,696	1,115.402	2,425.680	1,227.511	3,653.571	286.989	583.703	343.601	937.304					
D	5	CR	15	60	83.501	198.096	99.708	66.52%	33.48%	329.391	781.440	393.323	1,174.763					329.391	781.440	393.323	1,174.763	168.307	380.720	213.771	604.491					
E	6	CR	15	70	18.387	28.879	14.625	67.14%	32.86%	58.472	95.017	46.508	141.525					58.472	95.017	46.508	141.525	30.054	47.508	25.277	72.766					
Totals											2,083.499	4,511.230	2,310.931	6,822.161	2,435	21,707	10,969	32,696	2,081.064	4,485.523	2,299.942	6,789.465	1,069.667	2,244.761	1,250.019	3,494.780				
Equivalent values from MH1986											2,083.499			6,822.161	2,435			32,696												

DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS
MH 1970 (10/04)

Fiscal Year 2002-2003

County: MONTEREY COUNTY
County Code: 27
Legal Entity: MONTEREY COUNTY
Legal Entity Number: 00027

Mode: 15 - Outpatient (Program 2)						A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
Data Type						SD/MC + Crossover Units			Breakdown of 2nd Period Units as a Percentage		SD/MC + Crossover Gross Reimbursement Costs Using Costs				Medi-Cal Patient and Other Payor Revenue				Net Direct Costs (Gross Reim. Costs - Revenue)				FFP Dollars			
Source Formula						From MH1901 Schedule B Supplemental			Calculated		From MH1966 MODE15 (2)				From MH1901 Schedule B				Calculated				Calculated			
Period						1st Period	2nd Period/ Part I	2nd Period/ Part II	2nd Period/ Part I	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period FFP \$	2nd Period/ Part I FFP \$	2nd Period/ Part II FFP \$	Total 2nd Period FFP \$
MH1966 Cost Report Column	MH1901 Sch. B Cost Rpt Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 06/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 06/30/03	Costs 10/01/02 - 06/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 06/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 06/30/03	1st Period FFP %	2nd Period/ Part I FFP %	2nd Period/ Part II FFP %		
B	11	MHS	15	30	40	285	40	87.69%	12.31%	21	151	21	172					21	151	21	172	51.40%	50.00%	54.35%	87	
C	12	MHS	15	40	110	330		100.00%		42	125		125					42	125		125		21	62		62
D	13	MHS	15	60	1,195	5,540	385	93.50%	6.50%	1,709	7,925	551	8,475					1,709	7,925	551	8,475		879	3,952	299	4,262
E	14	MHS	15	10	240	420	120	77.78%	22.22%	552	966	276	1,242					552	966	276	1,242		284	483	150	633
F	15	MHS	15	30		50		100.00%			110		110													55
G	16	MHS	15	40	300	700	500	58.33%	41.67%	614	1,432	1,023	2,455					614	1,432	1,023	2,455		316	716	556	1,272
H	17	MHS	15	30		200		100.00%			448		448													224
I	18	MHS	15	40		1,150	850	67.50%	32.50%		775	573	1,348													388
J	19	MHS	15	30		100	350	70.00%	30.00%	84	224	96	320					84	224	96	320		33	112	52	164
K	20	MHS	15	40	4,650	14,700	6,700	68.69%	31.31%	4,903	15,499	7,064	22,563					4,903	15,499	7,064	22,563		2,520	7,749	3,839	11,599

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

FFP % Source: MH1978 E8	FFP % Source: MH1978 F8
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